WI Department of Administration Relocation Unit State Energy Office P.O. Box 7868 Madison, WI 53703

The information you provide may be used by other agency programs {Privacy Law s. 15.04 (1) (m)}

IMPORTANT: Please attach copies of any correspondence or documents which may support your complaint.

PLEASE PRINT ALL APPLICABLE INFORMATION

Your Name:				
Address You Were Displaced From:				
Your Present Address (Number, Street	et, City, State	and ZIP code):		
Telephone Number				
HOME:	WORK:			
Complaint Against (Displacing Agen	cy):			
Agency Address (Number, Street, Cit	ty, State, ZIP	code):		
Agency Telephone Number:		Name of Person You Dealt With From Agency:		
Have you filed a relocation claim with the displacing agency?		g agency?	□ Yes	□ No
Have you filed a complaint or appeal with the displacing agency?			□ Yes	□ No
Have you filed a complaint with any fe		□ Yes	□ No	
Is there a court action pending or completed relating to your complaint?			□ Yes	□ No
Please explain your relocation complain	nt:			

Your Signature					
What do you feel would represent a fair settlement of your complaint?					
Attach extra page(s) if necessary					

Return complaint to: Relocation Unit, State Energy Office, Department of Administration, P.O. Box 7868, Madison, WI 53703

NOTE: You have a right to appeal if you are dissatisfied with the relocation assistance or payments provided by the agency. Under Wisconsin law, section 32.26, the Department of Administration may review relocation complaints and may hold an informal hearing in an attempt to reach a settlement. A displaced person may also have a right of action in court under section 32.20 of Wisconsin statutes.